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U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF MICHAEL PALMA			ONLIED STATES MARSIAL			COURT CASE NUM 4:20CV2743	COURT CASE NUMBER 4:20CV2743 \(\big - 20 - CV - 274\(\big \)			
DEFENDANT			······································	2020 7	JO 13 A	110:13	TYPE OF PROCESS	U CV	V 13L.	
HARRIS COUNTY APPRAISAL DISTRICT, ET AL							· ·	SUMMONS AND COMPLAINT		
	NAME OF I	NDIVIDUAL,	COMPANY, CO				IPTION OF PROPERTY 1	O SEIZE OR CON	DEMN	
SERVE JUDGE CHRISTINE WEEMS, HARRIS COUNTY CIVIL COURTHOUSE, 281ST STATE DISTRICT COURT										
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 201 CAROLINE, 14TH FLOOR, HOUSTON TX 77002										
SEND NOTICE OF S	ER AT NAME A	AND ADDRESS BEVIDITED States Courts Southern District of Texas				Number of process to be served with this Form 285				
US COURTS				FILED				Number of parties to be		
515 RUSK, ROOM 5300			SEP 03 2020			served in this case	1 .			
HOUSTON TX 77002						Check for service on U.S.A.				
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN AN PHONTAGE ERACH Country and Alternate Addresses,										
All Telephone Numbers, and Estimated Times Available for Service):										
Signature of Attorney other Originator requesting service on behalf of:				□ PLAINTIFF TELEPHONE			NE NUMBER	DATE		
gran Bowenpot, deputy clerk				☐ DEFENDANT 713-250-55			5500			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE										
I acknowledge receipt for the total number of process indicated. Total Process District of Di Origin Se					Signature of A	uthorized US	MS Deputy or Clerk	Date		
(Sign only for USM 285 if more			Serve No Iga LRA				4/2/1	2020		
than one USM 283 is submitted)										
I hereby certify and return that I have personally served, \(\) have legal evidence of service, \(\) have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.										
☐ I hereby certify a	nd return that I am	unable to loca	ite the individual,	company, corpor	ation, etc. name	d above (See i	remarks below)			
Name and title of individual served (if not shown above) Date Time									ix am	
RICK TOPPLES, COURT COORDINATOR							9-1-20	11:30	pm pm	
Address (complete only different than shown above) Signapare of U.S. Marshall or Deputy										
The grant of										
							1 HERNA	nate		
Service Fee	Total Mileage Ch		warding Fee	Total Charges	Advance	. ,	Amount owed to U.S. Mar	shal* or		
65.00	(including endead	WIED	D	65,a	\circ	y	(Amount of Refund*)	5.00		
	70,000	ا								